APR 19 2004 2

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular

Subject Matter:: Utility
CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: Method of Improvement of Blood

Circulation

Attorney Docket Number:: 1/1444US

Request for Early Publication?:: No Request for Non-Publication?:: No

Total Drawing Sheets:: 3

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Fritz

Family Name:: SACHER

City of Residence:: Gau-Algesheim

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Kaiser-Karl-Strasse 27

City of mailing address:: Gau-Algesheim

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 55435

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Eckhard

Family Name:: SCHAEFER

City of Residence:: Heusenstamm

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Richard-Wimmer-Strasse 23

City of mailing address:: Heusenstamm

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 63150

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Anke

Family Name:: ESPERESTER

City of Residence:: Mainz

State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Rosmerthastrasse 84

City of mailing address:: Mainz

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity
Given Name:: Holger

Family Name:: KIESEWETTER

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City of Residence::

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State or Province of Residence::

Country of Residence::

Germany

Street of mailing address::

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City of mailing address::

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State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

13465

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

28501

REPRESENTATIVE INFORMATION

Representative Customer Number::

28501

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/500,557	September 5, 2003

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	02 029 107	12/31/2002	Yes

ASSIGNEE INFORMATION

Assignee name::

Boehringer Ingelheim Pharma GmbH &

Co. KGBoehringer Ingelheim

International GmbH

Street of mailing address::

Binger Strasse 173

City of mailing address::

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State or Province of mailing address::

Country of mailing address::

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Postal or Zip Code of mailing address::

55216